

Report to Data Base

Docket No PUDA 0 489 Serial No. 10/537, 749 Filed: 6/6/05 Patent No.

Inventor(s): Terry wave lockedse a. ...

Title: A ME had and System For Premium channel and fan for View Video Resell

APPLICATION AS FILED **Enter Date** 1115/04 Mailed Enter Number 4/22/09 Charge Due Lic. To For. File Statement under §1.56 Voluntary Independent Claims Certificate of Mailing IDS w/ Reg. Priority 35USC119 Supplemental After Allowance U/R312 After Final Rejection Statement DOE Letter to Exam/Draftsperson Specification Pgs Claims in Excess w/Drawing Correction(s) After Rejection Abstract Pages Drawings Sheets of Claim Pages Pg(s). of Formal Dwg(s) **AMENDMENTS** OTHER references Check Type Re-Exam Original-US Nat'l Divisional Mailed CPA/RCE US Provisional Reissue Continuation Due Check Items Mailed with Application Suppl. Declaration Status Letter Claim Disclaimer Statement NASA Assignment & Recordation Sheet Preliminary Amendment Priority Document -Statement under CFR § 1.56-013M Missing Parts Letter Declaration Terminal Disclaimer Cert. of Correction Ext.Time§1.136(b) Pet. To Withdraw. Reply Brief Appeal Brief Notice of Appeals Fee Transmittal Sheet in duplicate Utility Application Transmittal IDS 1449 with References Declaration REQUESTS APPEALS OTHER 40/21/4 Mailed Charge Label No.: Date Deposited: Due **Express Mail Application** Ext Time§ 1.136(a) Letter to PO Appointment Atty/Agent Fee Trans.Form in Correction Of Record Notif. of Foreign Ref. m Assignment & Record Add.Payment of Fee RCE Fa Filing Fee Exp. TOTAL FEE AMT. Issue Fee OTHER FEES

MAILING TO U.S. Patent and Trademark Office

Complete if Known

10/537,749

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a co

Application Number

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

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LEE IKAMSIMII IAF	Filing Date	June 6, 2005
for FY 2005	First Named Inventor	Terry Wayne Lockridge
	Examiner Name	Junior O Mendoza
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2423
TAL AMOUNT OF PAYMENT (\$) 1920.00	Attorney Docket No.	PU020489

METHOD OF PAYMENT (check all that apply) Check Credit card Money Order None Other (please identify): Customer Number 24498 Deposit Account Number of 9833							
Customer Number 24498							
Denocit Account: Denocit Account Number of 1922							
Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee							
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Small Entity							
Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)							
Utility 300 150 500 250 200 100	_						
Design 200 100 100 50 130 65	_						
Plant 200 100 300 150 160 80	_						
Reissue 300 150 500 250 600 300	_						
Provisional 200 100 0 0 0 <u> </u>	_						
2. EXCESS CLAIM FEES Small Entity							
Fee Description Fee (\$)							
Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (including Reissues) 200 100							
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
Total Claims							
HP = highest number of total claims paid for, if greater than 20.							
Independent Claims	-						
- 3 or HP = x =							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = / 50 = (round up to a whole number) x =	-						
4. OTHER FEE(S) Fees Paid (\$	6)						
Extension for response within third month 1110.00							
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SUBMITTED BY					
Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 480-5223
Signature	Vinno	Till	<u> </u>		Date: 7/15/09

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentialty is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450, IDD NOT SEND TES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, IDD NOT SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, IDD NOT SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, IDD NOT SEND TO: Commissioner for patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, IDD NOT SEND TO: Commissioner for patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, IDD NOT SEND TO: Complete the form, call 1-800-PTO-4199 and select option 2.

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*	Effective on 12/08/2004.		
Fees pursuant to the	Consolidated Appropriations Act,	2005 (H.R.	4818).

FEE TRANSMITTAL

for FY 2005

Complete a Known			
Application Number	10/537,749		
Filing Date	June 6, 2005		
First Named Inventor	Terry Wayne Lockridge		
Examiner Name	Junior O Mendoza		
Art Unit	2423		

Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT 1920.00 PU020489 Attorney Docket No. METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit card ☐ Money Order ☐ None Other (please identify): **Customer Number 24498** Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES FILING FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 **Plant** 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Independent Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) - 100 = / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Extension for response within third month 1110.00 **RCE Fee** 810.00

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